Moravian Cemetery

2205 Richmond Road Staten Island, 유및 10306 718-351-0136

Crypt and Niche Vase Use and Floral Program

Mausoleum Vase and Floral Bouquet Agreement

It is agreed that Moravian Cemetery will supply and install artificial silk floral arrangements to be placed in a mausoleum vase located on the individual crypt or niche shutter as detailed below.

THERE WILL BE A <u>ONE-TIME FEE</u> FOR PERPETUAL USE OF THE BRONZE MAUSOLEUM VASE.

The fee for the leasing of the crypt or niche vase will be: \$200.00

This fee includes installation and maintenance of the vase, vases are leased not purchased.

Floral arrangements* will be supplied and placed at four (4) separate times during the year as follows:

<u>Winter</u>	December 1 to February 28	<u>Spring</u>	March 1 to May 31
<u>Summer</u>	June 1 to August 31	<u>Fall</u>	September 1 to November 30

Although we all wish to see the new flower arrangements completed on the first day of the season, the cemetery reserves the right to take up to 14 days at the start of each season to fully change floral arrangements throughout all the cemetery mausoleums.

All floral arrangements* will be selected by Moravian Cemetery. The cemetery reserves the right to substitute a floral piece of similar style due to stock shortage, discontinued product or unavailable floral supplies. The selection will reflect the seasonal changes throughout the year. Any floral arrangement that the family may wish to keep should be picked up two (2) days prior to the season ending date. A new series of arrangements will be introduced each year.

The cost of the placement of four (4) seasonal floral arrangements will be \$185.00 starting on December 1st. The cost of each program includes: floral arrangement, installation, removal, maintenance and administrative expenses. Floral costs are subject to change each year.

A notice will go out each November as a reminder of renewal along with new billing and information on updates or changes to the program, including floral arrangement type changes.

Vases are installed on the lower right corner of a crypt or niche front.

Please note: 1). Vases governed by the program are not for sale. 2). Moravian Cemetery reserves the right to determine floral type and vase location, placement and prices. 3). Nothing shall be affixed or attached to the vase. Failing to comply will result in a breach of contract.

*Color and design may vary.

MORAVIAN CEMETERY CRYPT AND NICHE VASE USE AND FLORAL AGREEMENT

NAME OF DEED HOLDER:					
ORDERED BY (YOUR NAME):					
STREET ADDRESS:					
CITY:	STATE: ZIP				
TELEPHONE:	CELL:				
NAME OF DECEASED:					
MAUSOLEUM:	CRYPT/NICHE #:				
RELATIONSHIP TO DECEASED					
EMAIL:					
VASE USE FEE:CRYPT \$200.00NICHE \$200.00PLACEMENT: LOWER RIGHT ON SINGLE, TANDEM AND WEST 2 AND WEST 4 CRYPTSPLACEMENT: LOWER CENTER ON SIDE BY SIDE CRYPTS					
DATE ORDER PLACED					
SEPT. 1^{ST} – NOV. 30^{TH} vase installation Dec. 1^{st}					
DEC. 1 ST – FEB. 28 TH vase installation March 1 st					
MARCH 1^{ST} – MAY 31^{ST} vase installation June 1^{st}					
JUNE 1^{ST} – AUG. 31^{ST} vase installation Sept. 1^{st}					
VASE ORDER: \$	_				
FLORAL ORDER: \$	_				
TOTAL DUE \$	_				

Payment by: \Box Cash \Box Check

Please make checks payable to Moravian Cemetery and MAIL or BRING TO APPLICATION CEMETERY.

By my signature, I acknowledge that I have read this agreement and understand the need to adhere to the conditions set forth by Moravian Cemetery. Furthermore, I am aware that failure to comply will result in a breach of contract meaning the vase will be removed and the program will cease. Furthermore, as a result in a breach of contract, I understand that all monies paid up to that point will be retained by Moravian Cemetery.

Date: ____

Signature of Deed Holder/Next of Kin: _____

To process this request:

- 1. Complete Form
- 2. Include Payment
- 3. If this form is not signed by the original owner, the deed showing right of entombment must be presented to the cemetery office. (Please contact the cemetery office for assistance.)

OFFICE USE:	
DEED PRESENTED	
ADDRESS CARD CHECKEI	O AND MARKED

_____ DATE OF RECEIPT OF PAYMENT ____